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APPLICANTS

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**** CONTINUING DATA *******

This application is a CON of 08/466,254 06/06/1995 ABN
 which is a DIV of 08/222,614 04/01/1994 ABN
 which is a CON of 07/990,304 12/04/1992 ABN
 which is a CIP of PCT/US91/04588 06/27/1991
 and is a CIP of 07/544,862 06/27/1990 ABN

**** FOREIGN APPLICATIONS *******

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 02/26/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 16	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 9
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials					

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TITLE

Lymphotoxin-beta, lymphotoxin-beta complexes, pharmaceutical preparations and therapeutic uses thereof

FILING FEE RECEIVED 1518	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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